

1586 U.S. PTO  
09/559348  
04/27/00

206.000 746.000  
Class Subclass  
ISSUE CLASSIFICATION

C-5M

PATENT NUMBER  
**6357595**  
6357595

U.S. UTILITY Patent Application

O.I.P.E. PATENT DATE  
MAR 19 2002  
SCANNED *SS* *Q.A. J. mu*

APPLICATION NO. 09/559348	CONT/PRIOR F	CLASS 206	SUBCLASS 746.000	ART UNIT 3728	EXAMINER LAM
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APPLICANTS  
Shigeru Sambonmatsu  
Manabu Ishikawa

TITLE  
Tray for semiconductor integrated circuit device

PTO-2040  
12/99

9124101  
CPA

ISSUING CLASSIFICATION							
ORIGINAL		CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
206.000	746.000	206.000	<del>746.000</del>	564.000			
INTERNATIONAL CLASSIFICATION							
B65D	85/00						

☐ Continued on Issue Slip Inside File Jacket

2-13-02 Formal Drawings (9 sheets) set L 4-27-00

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____  <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	<b>DRAWINGS</b> Sheets Drwg. 9 Figs. Drwg. 11 Print Fig. 6, 8			<b>CLAIMS ALLOWED</b> Total Claims 15 Print Claim for O.G. 1	
	(Assistant Examiner) _____ (Date) _____  <i>Shuang</i> SHIAN LUONG 10/3/01 (Primary Examiner) (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>  11-7-01  <b>ISSUE FEE</b> <i>aw</i> Amount Due 11216.00 Date Paid 1-28-02 <b>ISSUE BATCH NUMBER</b> 857	
<b>WARNING:</b> The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.					

Form PTO-438A  
(Rev. 6/99)

FILED WITH: ☐ DISK (CRF) ☐ FICHE ☐ CD-ROM  
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Issue Fee

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h-e</i>		<i>5/6/00</i>
O.I.P.E. CLASSIFIER		<i>12/</i>	<i>5/11</i>
FORMALITY REVIEW	<i>DW</i>	<i>72346</i>	<i>6-24-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/18/01
2	✓	✓	5/16/01
3	✓	✓	1/19/01
4	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20 =	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **	=
	Independent	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **	=
	Independent	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus **	=
	Independent	*	Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710.00

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	9 minus 20=	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	690

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE

ADDITIONAL FEE

OR

RATE

ADDITIONAL FEE

X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE

ADDITIONAL FEE

OR

RATE

ADDITIONAL FEE

X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	



Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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Washington, D C 20231

<b>SERIAL NUMBER</b> 09/559,348	<b>FILING DATE</b> 04/27/2000 <b>RULE</b> -	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3728	<b>ATTORNEY DOCKET NO.</b> Q059017	
<b>APPLICANTS</b> Shigeru Sembonmatsu, Tokyo, JAPAN; Manabu Ishikawa, Ichihara-shi, JAPAN; <b>** CONTINUING DATA *****</b> None ste <b>** FOREIGN APPLICATIONS *****</b> Yes ste JAPAN 124326/1999 04/30/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/29/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Sughrue Mion Zinn Macpeak & Seas PLLC 2100 Pennsylvania Avenue NW Washington, DC 20037-3202					
<b>TITLE</b> Tray for semiconductor integrated circuit device					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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# PATENT APPLICATION



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INITIALS

*[Handwritten initials]*

## CONTENTS

Date Received (Incl. C. of M.) or Date Mailed		Date Received (Incl. C. of M.) or Date Mailed
1. Application papers.		
2. Priority Document	4/27/00	
3. <i>1-2</i>	4/27/00	
4. <i>9-13</i>	4/23/01	
5. <i>4/28</i>	4-10-01	
6. <i>5-18-01</i>	5-18-01	
7. <i>Handy Bee (08-18-01)</i>	08-20-01	
8. <i>23-01</i>	8/23/01	
9. <i>1-15</i>	9/18/01	
10. <i>1-15</i>	9/18/01	
11. <i>Notice of Allowance</i>	11-7-01	
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